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PTO/SB/07 (05-03)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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on June 5, 2008.  
Date

  
Signature

Patricia A. Verlangieri  
Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Serial No.: 10/564,987

Docket No.: PF030118

Examiner: Jade R. Callaway

Transmittal Form (2 Copies - 2 Pages)

Fee Transmittal Form (2 Copies - 2 Pages)

Petition for Extension of Time (2 Copies - 2 Pages)

Amendment (11 Pages)

Application Data Sheet (3 Pages)

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PTO/SB/21 (09-04)

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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

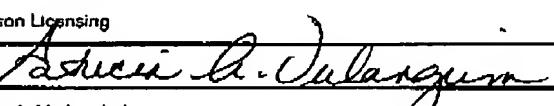
Total Number of Pages in This Submission

Application Number	10/564,987
Filing Date	July 14, 2006
First Named Inventor	Jean-Jacques Secre et al.
Art Unit	2872
Examiner Name	Jada R. Callaway
Attorney Docket Number	PF030118

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	

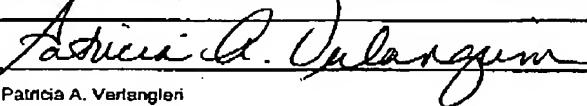
## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Thomson Licensing		
Signature			
Printed name	Patricia A. Vertanglerl		
Date	June 5, 2008	Reg. No.	42,201

## CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name

Patricia A. Vertanglerl

Date

June 5, 2008

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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number  
10/584,987Filing Date  
July 14, 2006First Named Inventor  
Jean-Jacques Sacre et al.Art Unit  
2872Examiner Name  
Jade R. CallawayAttorney Docket Number  
PF030118

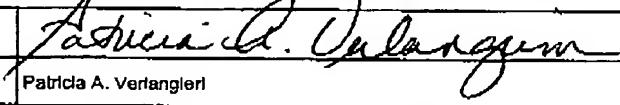
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Thomson Licensing		
Signature			
Printed name	Patricia A. Verlangieri		
Date	June 5, 2008	Reg. No.	42,201

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Signature			
Typed or printed name	Patricia A. Verlangieri	Date	June 5, 2008

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PTO/SB/17 (10-03)

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FEE TRANSMITTAL  
for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1050

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money  Other  None  
Order Deposit Account:

Deposit Account Number 07-0832

Deposit Account Name THOMSON LICENSING INC., Customer No. 24490

## The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 790	2001 385	Utility filing fee	
1002 350	2002 170	Design filing fee	
1003 550	2003 265	Plant filing fee	
1004 790	2004 385	Reissue filing fee	
1005 160	2005 60	Provisional filing fee	
SUBTOTAL (1)		(\$ 0	

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Extra Claims	Fee from below	Fee Paid
		0	X	0
		0	X	0
			X	0

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1202 18	2202 9	Claims in excess of 20	
1201 88	2201 43	Independent claims in excess of 3	
1203 300	2203 145	Multiple dependent claim, if not paid	
1204 88	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$ 0	

\*or number previously paid, if greater. For Reissues, see above.

Complete If Known	
Application Number	10/684,987
Filing Date	July 14, 2006
First Named Inventor	Jean-Jacques Sacre et al.
Examiner Name	Jade R. Callaway
Art Unit	2872
Attorney Docket No.	PF030118

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 430	2252 210	Extension for reply within second month	
1253 880	2253 475	Extension for reply within third month	
1254 1,530	2254 740	Extension for reply within fourth month	1050
1255 2,080	2255 1,005	Extension for reply within fifth month	
1401 340	2401 165	Notice of Appeal	
1402 340	2402 165	Filing a brief in support of an appeal	
1403 300	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unrevocable	
1453 1,370	2453 665	Petition to revive - unintentional	
1501 1,370	2501 685	Utility issue fee (or reissue)	
1602 490	2502 240	Design issue fee	
1503 860	2603 320	Plant issue fee	
1480 130	1480 130	Petitions to the Director	
1807 50	1807 50	Processing fee under 37 CFR 1.17 (c)	
1808 180	1808 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 790	2809 385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810 790	2810 385	For each additional invention to be examined (37 CFR § 1.126(b))	
1801 790	2801 385	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	
Other fee (specify) _____			

\*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 1050

SUBMITTED BY						Complete (if applicable)
Name (Print/Type)	Patricia A. Verlangieri	Registration No. (Attorney/Agent)	42,201	Telephone	(609) 734-6887	
Signature	<i>Patricia A. Verlangieri</i>			Date	June 5, 2008	

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1050)

Complete if Known	
Application Number	10/564,987
Filing Date	July 14, 2006
First Named Inventor	Jean-Jacques Sacre et al.
Examiner Name	Jade R. Callaway
Art Unit	2872
Attorney Docket No.	PF030118

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																															
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None				<b>3. ADDITIONAL FEES</b>																																																																																															
<b>Deposit Account:</b> Deposit Account Number 074832  Deposit Account Name THOMSON LICENSING INC., Customer No. 24498				<b>Large Entity</b> <b>Small Entity</b>																																																																																															
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				<b>Fee Description</b> <b>Fee Paid</b>																																																																																															
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SUBMITTED BY		Complete if applicable		
Name (Print/Type)	Patricia A. Verlangieri	Registration No. Attorney/Agent	42,201	Telephone (609) 734-8887
Signature	<i>Patricia A. Verlangieri</i>		Date June 6, 2006	

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